

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. 124

#### 1. PLACE OF BIRTH

County Gila State Arizona  
Township ..... or Village .....  
City Miami No. 20 Grover Canon St. .... Ward .....

#### 2. Full name of child. Erma Linda Trevino

3. Sex Female If plural Births ..... 4. Twin, triplet, or other. .... 6. Premature ..... 7. Legitimate? yes 8. Date of birth Sept 14, 1932  
(Month, day, year)

9. Full name of FATHER <u>Ypadors Trevino</u>	18. Full maiden name of MOTHER <u>Guadalupe Granillo</u>
10. Residence (usual place of abode) <u>Miami Ariz.</u> (If nonresident, give place and State)	19. Residence (usual place of abode) <u>Miami, Ariz.</u> (If nonresident, give place and State)
11. Color or race <u>Mex</u>	20. Color or race <u>Mex</u>
12. Age at last birthday <u>35</u> (Years)	21. Age at last birthday <u>22</u> (Years)
13. Birthplace (city or place) <u>Chihuahua Mex</u> (State or country)	22. Birthplace (city or place) <u>Sonora Mex</u> (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....
16. Date (month and year) last engaged in this work ..... 19. ....	25. Date (month and year) last engaged in this work ..... 19. ....
17. Total time (years) spent in this work ..... 19. ....	26. Total time (years) spent in this work ..... 19. ....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

28. If stillborn, period of gestation ..... { months or weeks } 29. Cause of stillbirth ..... { Before labor ..... During labor .....

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P. m. on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Cyril M. Brown M.D. M.D.

or Miami Arizona Midwife

Address Miami Arizona

Filed Oct 6, 1932 C. E. Brown Registrar

Given name added from a supplemental report ..... (Date of) 536-914-716 Registrar